

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>7469</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / 2005 Through: <b>12</b> / <b>31</b> / 2005
3. Name and address of person filing. Name <b>Jennifer W Penoso</b> P.O. Box, Bldg., Room No., if any <b>500</b> Street <b>1776 Eye Street, NW</b> City <b>Washington</b> State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>	4. Name, file number, and address of labor organization. Name <b>International Union of Bricklayers and Allied</b> Labor Organization File Number <b>000-034</b> P.O. Box, Building and Room Number, if any <b>600</b> Street <b>1776 Eye Street, NW</b> City <b>Washington</b> State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>
5. Position in labor organization. <b>Director, Financial Management Unit</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7. b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Jennifer W Penoso*

On 4/26/06  
Date

202-783-3788  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name International Masonry Institute

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 42 East Street

City Annapolis

State Maryland

ZIP Code + 4 21401

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

International Masonry Institute contracts with the labor organization for services such as accounting, finance, data processing, information technology, meeting planning, human resource management, staff health plan management and revenue collections.

## 11.b. Approximate dollar value of such dealing.

\$2,884,982

## 12.a. Nature of interest held or income received.

Reimbursed business expenses (lodging, mileage, parking, gratuity, meals) related to support for Board of Trustee meetings, Staff meeting, Annual meeting and Management Group meetings.

## 12.b. Amount.

\$2,031

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

## 14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing Jennifer Penoso

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Bricklayers and Trowel Trades Intl Pension F

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 750

Street 1776 Eye Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

B&TT International Pension Fund contracts with the labor organization for services such as accounting, finance, data processing, information technology, meeting planning, human resource management, staff health plan management and revenue collections.

## 11.b. Approximate dollar value of such dealing.

\$2,551,902

## 12.a. Nature of interest held or income received.

Reimbursed business expenses (lodging) related to support of Board of Trustee meetings.

## 12.b. Amount.

\$926